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| Name: |  | | |
| DOB: |  | | |
| Date of Diary: |  | to |  |
|  | MM/DD/YY |  | MM/DD/YY |

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| **Fill out before going to bed** | | | | | | | **Fill out in the morning** | | | | | | | |
| **Date**  **(MM-DD-YY)** | **How sleepy did I feel during the day today?**   1. **Very sleepy** 2. **Somewhat tired** 3. **Fairly alert** 4. **Alert** | **Number of caffeinated drinks**  **(coffee, tea, soda) and time when I had them today** | **Number of alcoholic drinks (beer, wine, liquor) and time when I had them today** | **Any recreational drugs today? (Y/N. If Yes, name, time and quantity taken)** | **Naptimes and lengths today** | **Exercise times and lengths today** | | **Bedtime** | **How long I took to fall asleep last night** | **Wakeup time** | **Hours spent in bed last night** | **Number of awakenings / Total time awake last night** | **Medicines taken last night** | **How alert did I feel when I got up this morning?**   1. **Alert** 2. **Alert but a little tired** 3. **Sleepy** | |
| **Example**  11-03-24 | 1 | 1 coffee,  9 am | 2 beer,  9 pm | No | 2:30 pm,  40 mins | None | | 11:30 pm | 15 min | 5:30 am | **6** | 1/5 mins | None | 2 | |
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